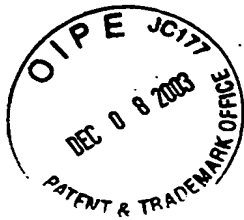


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Patent

Attorney's Docket No. 003300-765

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	Mail Stop AF
)	
Kjell OLMARKER <i>et al.</i>)	Group Art Unit: 1646
)	
Application No.: 09/826,893)	Examiner: Eileen B. O'Hara
)	
Filed: April 6, 2001)	Confirmation No.: 3406
)	
For: USE OF CERTAIN DRUGS FOR)	
TREATING NERVE ROOT INJURY)	

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☒ Two Terminal Disclaimers and the ☒ \$55.00 (2814) ☐ \$110.00 (1814) fees due under 37 C.F.R. § 1.20(d) are also enclosed.

☐ Also enclosed is/are _____.

☒ Small entity status is hereby claimed.

☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 (2801) ☐ \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.

☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.

☐ Applicant(s) requests suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

A M E N D E D C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADD'L FEE
Total Claims	19	MINUS 25 =	0	× \$18.00 (1202) =	0.00
Independent Claims	2	MINUS 5 =	0	× \$86.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Claim Amendment Fee					
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					0.00

☐ A check in the amount of \$_____ is enclosed for the fee due.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: December 8, 2003

By: _____

Mercedes K. Meyer
Registration No. 44,989

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